



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE FOR RECORD: ☐ Housing ☐ Employment ☐ Annulment/Expungement ☐ Other Racetrack License
Specify

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NH Racing and Charitable Gaming Commission

NAME OF PERSON / FIRM TO RECEIVE RECORD 

ADDRESS 57 Regional Drive, Unit 3 Concord NH 03301
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____

(Affix Seal)

(Comm Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE _____

EFFECTIVE 01/01/09

THE NEW HAMPSHIRE STATE POLICE WILL BE CHARGING FOR CRIMINAL RECORDS
CHECKS

THE FEE WILL BE \$25.00

PLEASE MAKE A SEPARATE CHECK FOR THAT AMOUNT PAYABLE TO N.H.S.P. AND ATTACH
IT TO THIS FORM